Correspondence

From Major F. G. Neild, Royal Army Medical Corps

Sir,

Desert Rescue: The Parachute Medical Team

The article by Dr. Macdonald in your January (1955) issue stimulates me to record that the Airborne Division of the old British-Indian Army had developed parachute medical teams as early as 1945.

Following VE Day, considerable redeployment of forces took place from Europe to S.E.A.C. This movement was greatly aided by air transport with the latter part of its route crossing the sandy wastes of Sind and Rajputana. Thus arose the necessity for organizing parachute medical teams for desert rescue.

The organization and equipment of the team was evolved by the A.D.M.S., Colonel P. Ross Wheatley, D.S.O., and each field ambulance of the division, 7th, 60th and 80th Indian Parachute Field Ambulance (Combined), was on call for a month at a time.

Although these teams were never called on for their primary role, mixed regimental and medical teams (Operation “Mastiff”) were, in August 1945, parachuted, to assist allied P.O.Ws., into Malaya, Thailand, French Indo-China and the Dutch East Indies.

I am, etc.,

ERIC NEILD.

From Lieut.-Colonel F. M. Lipscomb, O.B.E., F.R.C.P., Royal Army Medical Corps (Retd.)

Sir,

I was most interested in Colonel McKelvey’s account, in the July number of the JOURNAL, of an attack of transverse myelitis after T.A.B. inoculation. Although such cases are undoubtedly very rare, I was surprised to learn of the extreme paucity of records of them. This excuses me, I feel, in bringing to notice a case I saw some fifteen years ago, in spite of the fact that, owing to loss of my case records during the war, I have not enough detailed particulars to write it up properly.

I saw the patient at a visit to the Indian Military Hospital, Rawalpindi. He was a rather poor physical specimen belonging to an Indian labour unit. This class of personnel was not recruited in peace time, and I left India in 1941, so the year would be 1940 or 1941.

The few facts I remember are that the condition was a typical acute transverse myelitis in the upper dorsal region, which proved fatal. The patient had had T.A.B. inoculation with a moderately severe reaction about ten days before the onset of paralysis—whether it was a first or second dose I do not recall. This was the only etiological factor we could discover.
I remember thinking at the time how closely the clinical features resembled those of a case of transverse myelitis following antirabic treatment, which I had seen a few years before.

I am, etc.,

F. M. LIPSCOMB.

ROYAL HOSPITAL,
CHELSEA.

From Major J. Attenborough, Royal Army Medical Corps (T.A.),
R.M.O., 5th Battalion The Queen’s Royal Regiment.

Sir,

I have read with interest the article “The Revision of the Regimental Medical Pannier,” by Captain N. E. Shaw, R.A.M.C., in the JOURNAL of October, 1955.

I quite agree with the main points and am glad to see that the War Office is considering the new pannier.

Another piece of equipment in need of revision is the “scissor, stretcher­bearer.” These are usually blunt and inefficient and, if badly made, quite useless.

I have used the German pattern Kleiderschere, both during the war and in general practice, and consider them much superior.

I hope the committee will also review this essential item of the regimental aid post.

I am, etc.,

JOHN ATTENBOROUGH.

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